

FILED JAN 25 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43493

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 43 | | PRIMARY REG. DIST. NO. 3007 | | Registrar's No. 20 | |
| 1. PLACE OF DEATH a. COUNTY BUTLER | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY BUTLER | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - BLACK RIVER TWP 1 | | 0120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 12 MI. N. POPLAR BLUFF MO | | | |
| 3. NAME OF DECEASED (Type or Print) STELLA | | a. (First) | | b. (Middle) - | | c. (Last) COLLINS | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH JULY 21-1883 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) 67 | | 11. BIRTHPLACE (State or foreign country) 9 | |
| 13a. FATHER'S NAME THOMAS PATTON MALLADY | | 13b. MOTHER'S MAIDEN NAME SARAH CATHERINE BISHOP | | 14. NAME OF HUSBAND OR WIFE GEORGE H. COLLINS SR. | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS George H. Collins Jr. Poplar Bluff Mo | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spinal all Consuming ANTECEDENT CAUSES (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) DUE TO (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 174X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 9-19-50 to 12-30-50, that I last saw the deceased alive on 12-30-50, and that death occurred at 5:30 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) M.D. D | | 23b. ADDRESS Poplar Bluff Mo | | 23c. DATE SIGNED 1-16-51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE JAN 2 1951 | | 24c. NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY | | 24d. LOCATION (City, town, or county) (State) 12 MI. N. POPLAR BLUFF MO | |
| DATE REC'D BY LOCAL REG. Jan 19-1951 | | REGISTRAR'S SIGNATURE Wm. A. Johnson per Clara E. Johnson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS N.T. Phelps Poplar Bluff Mo | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

124
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Embalmer's Statement on Reverse Side)

RECEIVED

JAN 22 1954
BUTLER CO. HEALTH CENTER

FILE No. 151-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3231

P. O. Address Caplan Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.